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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| NAME OF COMMITTEE IN FULL Emmer for Congress | | | | |
|--|---|-----------------|--|----------|
| ADDRESS (number and street) PO Box 998 | | | | |
| | | | | |
| CITY, STATE, and ZIP CODE | MAL | | | |
| Anoka 2. NAME OF CANDIDATE | MN 55303 3. OFFICE SOUGHT (State and District) | | 4 FEO IDENTIFICATIO | N NUMBER |
| 2. NAME OF CANDIDATE Thomas Earl Emmer Jr. | House MN 06 | | 4. FEC IDENTIFICATIO C00545749 | N NUMBER |
| 5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING | YES, IT AMENDS THE | NOTICE FILED ON | / | / |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer | | Date (month, | Amount |
| Jeannine Rivet | United Health Care | | day, year) | |
| 1005 T III W | | | 11/01/2014 | 1000.00 |
| 4305 Trillium Way | Transaction ID : 6F61A630EC4D14BF | | | |
| | Occupation Occupation | | | |
| Mound MN 55364-7708 | CEO | | | |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer | | Date (month, | Amount |
| Christine Hays | Kimberly-Clark | | day, year) | |
| 100 S Pointe Dr. | | | 11/01/2014 | 1500.00 |
| | Transaction ID : 63812FF13A03843178 | | | |
| #2605 | Occupation | | | |
| Miami Beach FL 33139-7372 | Regional Assistant | | | |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer | | Date (month, day, year) | Amount |
| | Occupation | | | |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer | | Date (month, day, year) | Amount |
| | Occupation | | | |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer | | Date (month, day, year) | Amount |
| | Occupation | | | |
| SIGNATURE (optional) Jennifer Niska | [Electronically Filed] | | For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 | |

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